



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/10/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJ0000092460

FACILITY NAME -> CUMBERLAND FARMS - GULF 120359

MAILING ADDRESS -> 777 DEDHAM ST
CANTON, MA 02021

INSTALLATION ADDRESS -> 1324 WILLOW AVE
HOBOKEN, NJ 07030

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: GOLDEN, DERRICK
ENV PROJ MGR
CUMBERLAND FARMS - GULF 120359
777 DEDHAM ST
CANTON, MA 02021

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

010394 (80)
Epp Mail

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ00000092460

II. Name of Installation (Include company and specific site name)

CUMBERLAND FARMS 1 GULF 120359

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1324 WILLOW AVE

Street (continued)

City or Town

HOBOKEN

State

NJ

ZIP Code

07030

County Code

County Name

HUDSON

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

777 DEDHAM ST

City or Town

CANTON

State

MA

ZIP Code

02021-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

GOLDEN

(first)

OERRICK

Job Title

ENVIRON. PROJ. MGR

Phone Number (area code and number)

617-828-4900

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

City or Town

CANTON

State

MA

ZIP Code

02021-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

CUMBERLAND FARMS INC

Street, P.O. Box, or Route Number

777 DEDHAM ST

City or Town

CANTON

State

MA

ZIP Code

02021-

Phone Number (area code and number)

617-828-4900

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil/Fuel Activities	
1. Generator (See Instructions)	<input type="checkbox"/>	1. Off-Specification Used Oil/Fuel	<input type="checkbox"/>
a. Greater than 1000 kg/mo. (2,200 lbs.)	<input type="checkbox"/>	a. Generator/Marketer to Burner	<input type="checkbox"/>
b. 100 to 1000 kg/mo. (220 - 2,200 lbs.)	<input checked="" type="checkbox"/>	b. Other Marketer	<input type="checkbox"/>
c. Less than 100 kg/mo. (220 lbs.)	<input type="checkbox"/>	c. Burner - indicate device(s)	<input type="checkbox"/>
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/>	Type of Combustion Device	<input type="checkbox"/>
a. For own waste only	<input type="checkbox"/>	1. Utility Boiler	<input type="checkbox"/>
b. For commercial purposes	<input type="checkbox"/>	2. Industrial Boiler	<input type="checkbox"/>
Mode of Transportation	<input type="checkbox"/>	3. Industrial Furnace	<input type="checkbox"/>
1. Air	<input type="checkbox"/>	2. Specification Used Oil/Fuel Marketer	<input type="checkbox"/>
2. Rail	<input type="checkbox"/>	(or On-site Burner) Who First Claims	<input type="checkbox"/>
3. Highway	<input type="checkbox"/>	the Oil Meets the Specification	<input type="checkbox"/>
4. Water	<input type="checkbox"/>		
5. Other - specify: _____	<input type="checkbox"/>		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes: Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity (D000) ☐ (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

B. Listed Hazardous Wastes: (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes: (State or other wastes requiring an I.D. number. See Instructions.)

1	2	3	4	5	6
D018					

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature: Andrew S. Baker Name and Official Title (type or print): Andrew Baker Date Signed: 12/6/83
Senior Project manager

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



CUMBERLAND FARMS, INC.

777 DEDHAM STREET, CANTON, MASSACHUSETTS 02021-9118

PHONE: 617-828-4900 TELEX: 710-348-0130 (CUMBFARMS-CTON)

FEDERAL EXPRESS

December 29, 1993

Mr. Jack Hoytt
USEPA - Region II
Air & Waste Management Division
Norman Rost, Program Management Coordinator
26 Federal Plaza, Room 1006
New York, NY 10278

RE: EPA ID# For the following New Jersey sites:
120359 - Hoboken 61718 - Ironia
2912 - Malaga/Franklin 61970 - Milton
60360 - Neptune

Dear Mr. Hoytt:

Please find enclosed the required completed Notification of Regulated Waste activity forms for the Cumberland Farms, Inc. (CFI) facility referenced above. It is CFI's understanding that EPA ID#'s for this facility can be generated within 24 hours of your receipt of this package. CFI thanks you in advance for your attention to this matter.

If you have any questions or require additional information, please do not hesitate to contact me at the letterhead address or call me at 617-828-4900, ext. 3417.

Sincerely,

CUMBERLAND FARMS, INC.

A handwritten signature in blue ink, appearing to read "Derrick Golden".

Derrick Golden
Project Manager

cc: E.C. Tayeh
A.S. Beland
File

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

112493 (BE)
Exp Mail

I. Installation's EPA ID Number (Mark 'X' in the appropriate box).



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ0000092460

II. Name of Installation (Include company and specific site name)

CUMBERLAND FARMS 1 GULF 120359

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1324 WILLOW AVE

Street (continued)

City or Town

HOBOKEN

State

NJ

ZIP Code

-

County Code

County Name

HUDSON

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

777 DEDHAM ST

City or Town

CANTON

State

MA

ZIP Code

02021-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

Job Title

Phone Number (area code and number)

ENVIRON. PROJ. MR 617-828-4900

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☐ ☒

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

CUMBERLAND FARMS INC

Street, P.O. Box, or Route Number

777 DEDHAM ST

City or Town

State

ZIP Code

CANTON

MA

02021-

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

617-828-4900

P

P

Yes

No

X

ID - For Official Use Only											

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil/Fuel Activities	
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes <input type="checkbox"/> Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify: 		3. Treater, Storer, Disposer (at installation) <input type="checkbox"/> Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) <input type="checkbox"/> Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace 5. Underground Injection Control <input type="checkbox"/>	
		1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) <input type="checkbox"/> Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification <input type="checkbox"/>	

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
D018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Emile C. Toveh</i>	Name and Official Title (type or print) Emile C. Toveh Director of Environmental Affairs	Date Signed 11/1/93
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



CUMBERLAND FARMS, INC.

777 DEDHAM STREET, CANTON, MASSACHUSETTS 02021-9118

PHONE: 617-828-4900 TELEX: 710-348-0130 (CUMBFARMS-CTON)

USEPA, REGION II

93 NOV 26 AM 10:00

MAIL DIV.

FEDERAL EXPRESS

November 22, 1993

Mr. Jack Hoytt
USEPA - Region II
Air & Waste Management Division
Norman Rost, Program Management Coordinator
26 Federal Plaza, Room 1006
New York, NY 10278

RE: EPA ID# For the following New Jersey sites:
120359 - Hoboken 61718 - Ironia
2912 - Malaga/Franklin 61970 - Milton
60360 - Neptune

Dear Mr. Hoytt:

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If you have any questions or require additional information, please do not hesitate to contact me at the letterhead address or call me at 617-828-4900, ext. 3417.

Sincerely,

CUMBERLAND FARMS, INC.

A handwritten signature in blue ink, reading "Derrick Golden".

Derrick Golden
Project Manager

cc: E.C. Tayeh
A.S. Beland
File

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EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box).



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

MT 0000092460

II. Name of Installation (Include company and specific site name)

CUMBERLAND FARMS 1 GULF 120359

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1324 WILLOW AVE

Street (continued)

City or Town

HOBOKEN

State

NJ

ZIP Code

County Code

County Name

HUDSON

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

777 DEEDHAM ST

City or Town

CANTON

State

MA

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02021-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

Job Title

Phone Number (area code and number)

ENVIRON. PROJ. MR 617-828-4900

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

CUMBERLAND FARMS INC

Street, P.O. Box, or Route Number

777 DEEDHAM ST

City or Town

State

ZIP Code

CANTON

MA

02021-

Phone Number (area code and number)

617-828-4900

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

P

P

Yes

No

X

ID - For Official Use Only

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Signature <i>Andrew S. Belcher</i>	Name and Official Title (type or print) Emile C. Toney Director - Environmental Affairs	Date Signed 11/1/93
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)